



STATE OF MARYLAND

# DMMH

Maryland Department of Health and Mental Hygiene  
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**August 20, 2010**

## Public Health & Emergency Preparedness Bulletin: # 2010:32 Reporting for the week ending 08/14/10 (MMWR Week #32)

### CURRENT HOMELAND SECURITY THREAT LEVELS

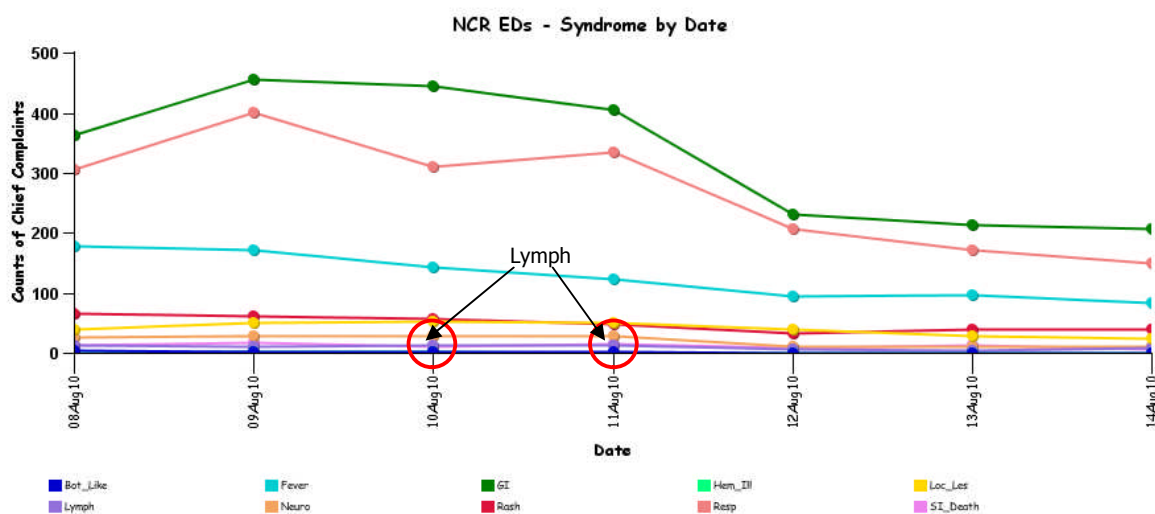
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### SYNDROMIC SURVEILLANCE REPORTS

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

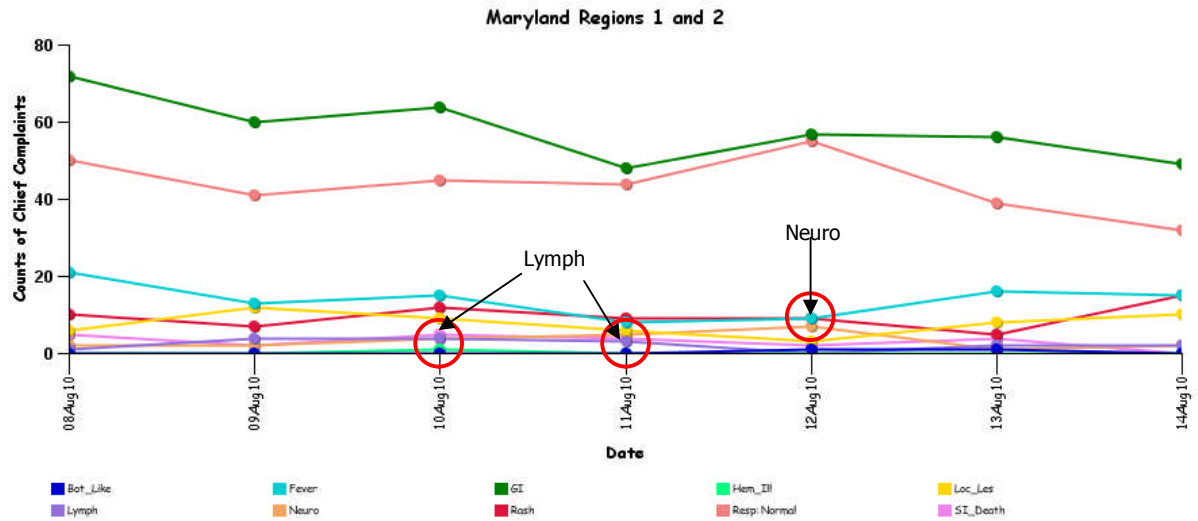
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

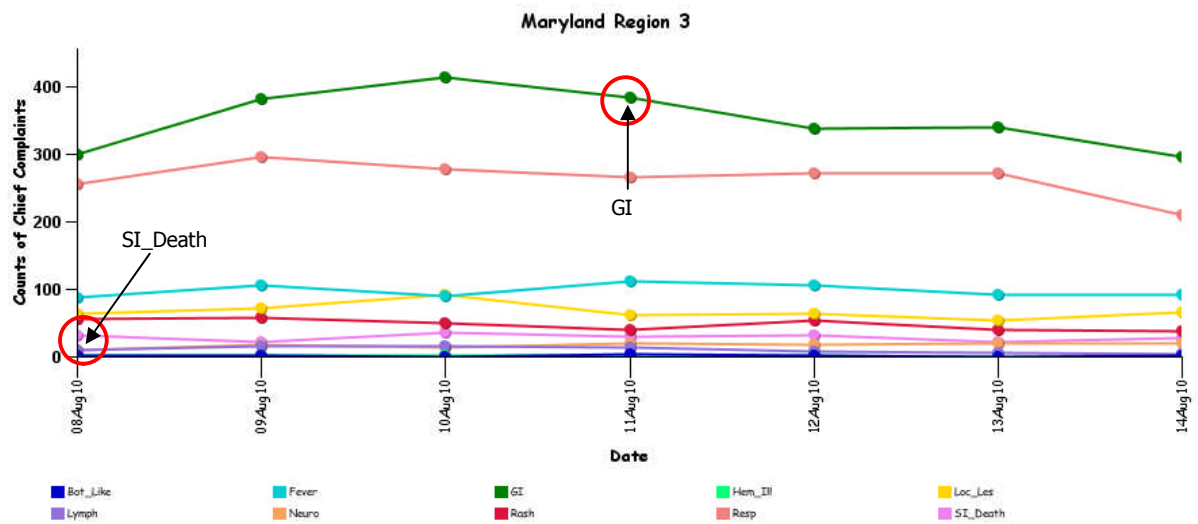


\* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

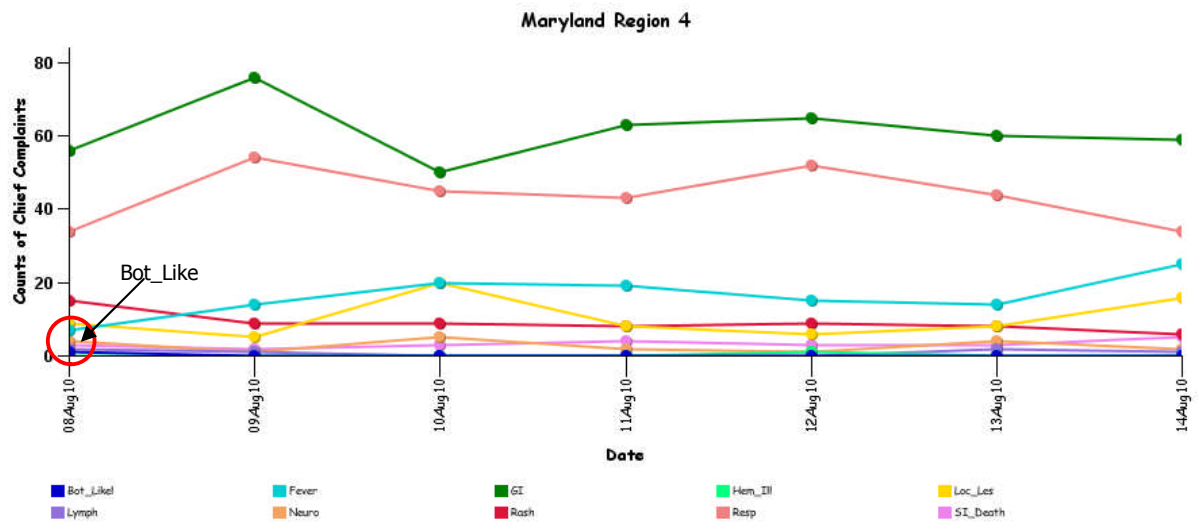
## MARYLAND ESSENCE:



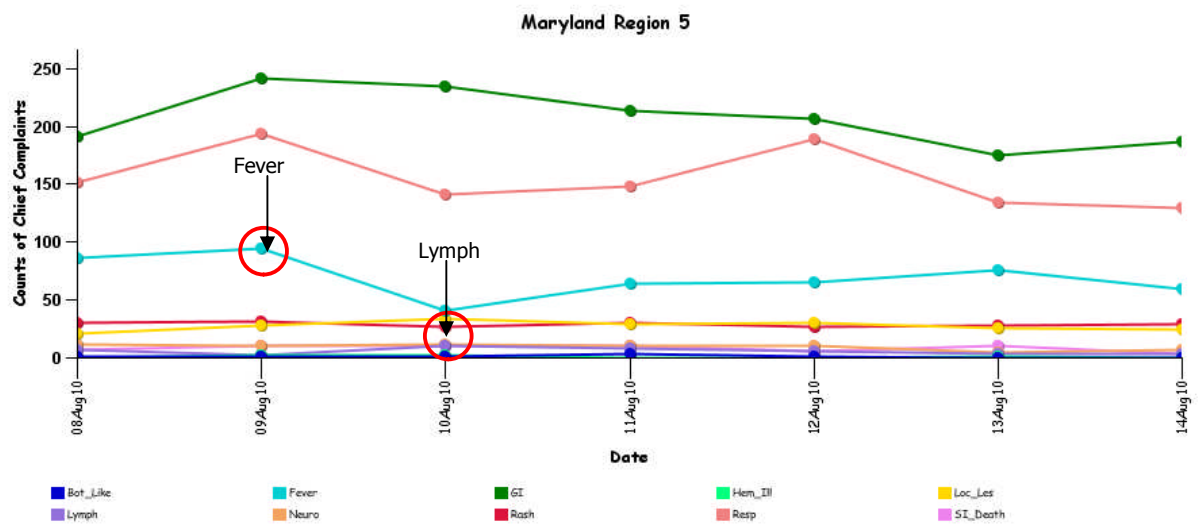
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

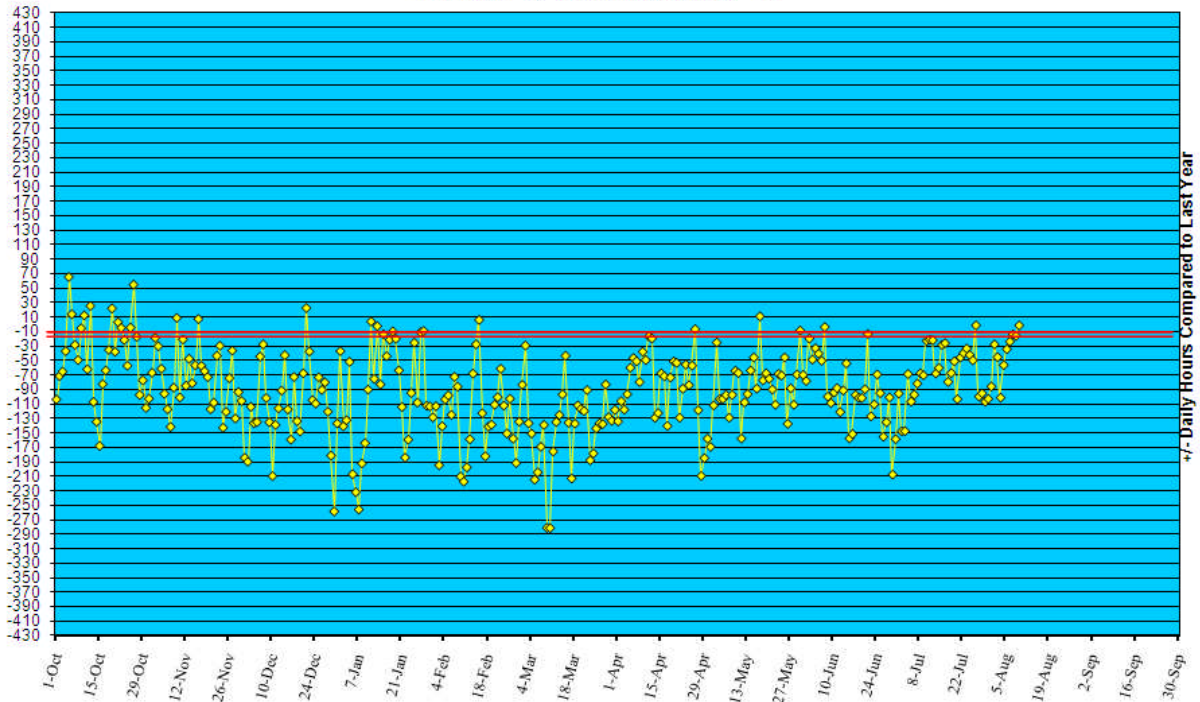


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/09.

### **Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '09 to August 9, '10**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2010 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (August 8 – August 14, 2010):	18	0
Prior cases (August 1 – August 7, 2010):	12	0
Week#32, 2009 (August 9 – August 15, 2009):	17	0

**1 outbreak was reported to DHMH during MMWR week 32 (August 7- August 14, 2010)**

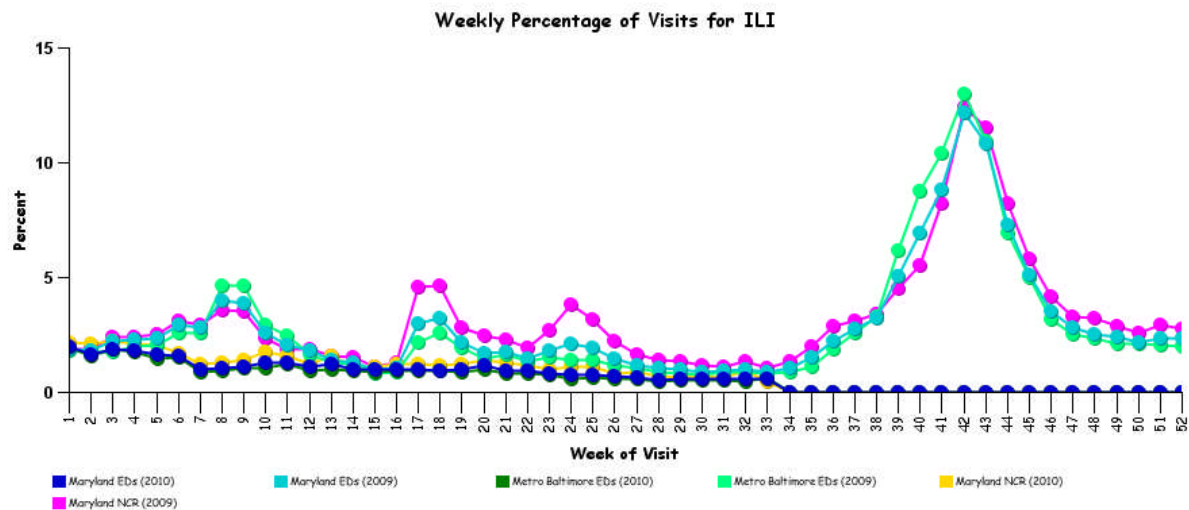
### **1 Respiratory illness outbreak**

1 outbreak of INFLUENZA associated with a Conference Center

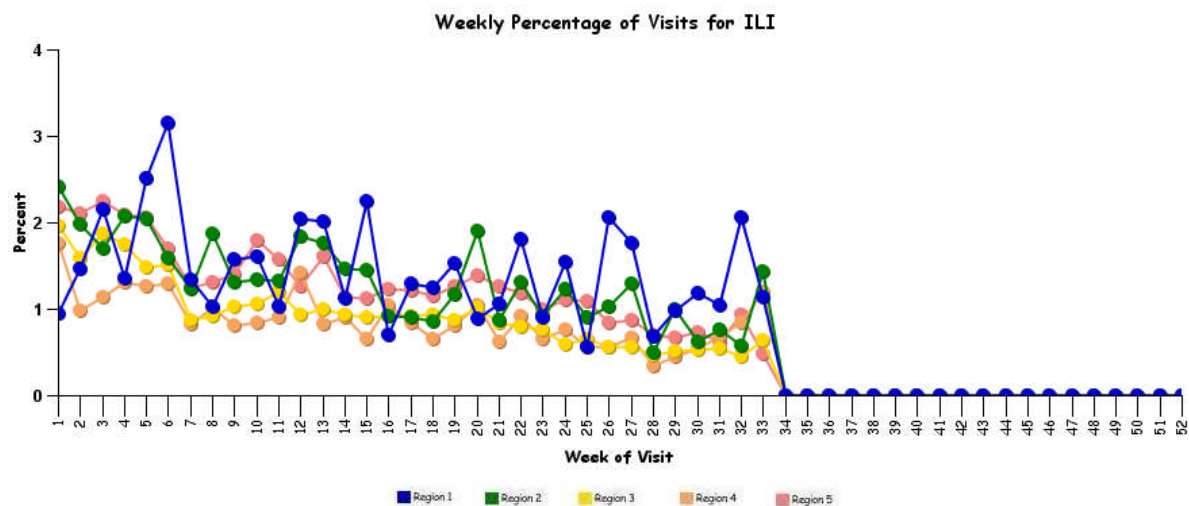
## SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



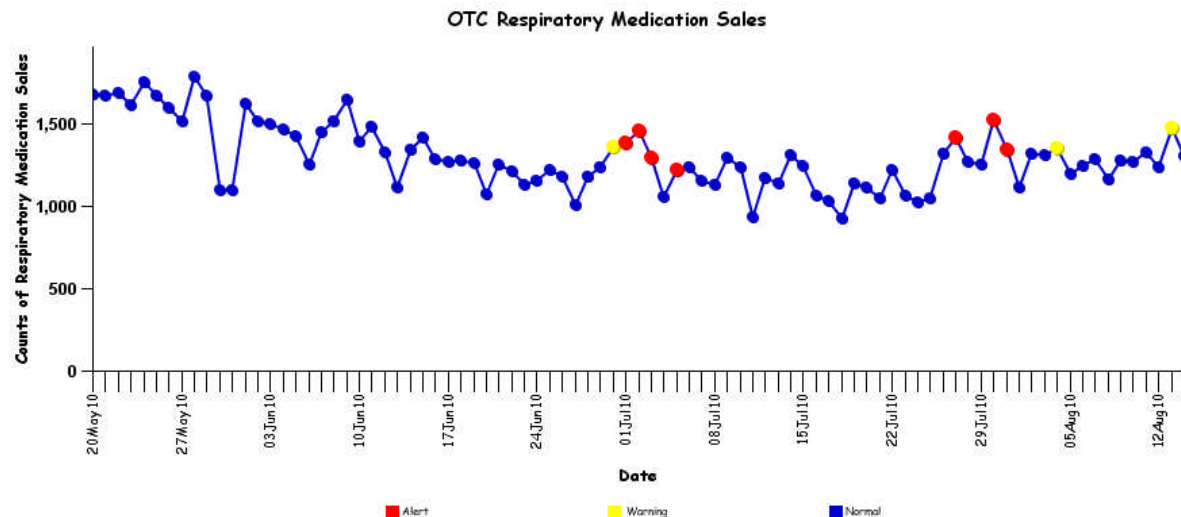
\* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



\*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

## OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



## AVIAN INFLUENZA-RELATED REPORTS:

**WHO update:** The current WHO phase of pandemic alert for avian influenza is 3.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of August 12, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 504, of which 299 have been fatal. Thus, the case fatality rate for human H5N1 is about 59%.

**AVIAN INFLUENZA (INDONESIA):** 14 August 2010, A total of 3 regencies in Bengkulu Province have been affected by bird flu (avian influenza or H5N1) virus, according to a local official. The 3 regencies were Kepahiang, Central Bengkulu (Benteng) and Bengkulu city, Emran Kuswadi, a coordinator of the bird flu eradication program, said here Thursday [12 Aug 2010]. Thousands of chickens and ducks have been culled so far in order to prevent the spread of the bird flu virus, he said. Local authorities have also carried out disinfectant spray in areas where bird flu cases were found. Bird flu virus has spread at 30 urban villages in Bengkulu city. The latest case was found in Tanjung Jaya, Sungai Serut sub district, Bengkulu city, where 85 chickens were found dead suddenly. Meanwhile, some 4559 chickens have died of suspected bird flu virus over the past 2 months in Bengkulu. Some of the chickens had died suddenly due to bird flu virus (H5N1), Emran Kuswadi, bird flu disease control coordinator, confirmed recently. Over the past one month in Kepahiang District (Central Bengkulu) and Bengkulu City, 559 chickens had been confirmed of being infected with bird flu virus and had died, he said. However, 4000 others had died suddenly 2 months ago in Seluma District, Bengkulu Province, but no bird flu virus was confirmed in the poultry's deaths, he continued. Last 17 Jul 2010, a Sukuharjo district health official in Central Java, confirmed that the death of 14 year old girl a few weeks ago had been caused by bird flu. The official said samples of the patient's body fluids had been sent to the Health Ministry's laboratory in Jakarta for tests. The test results had shown the junior high school student had been positively infected with the bird flu virus. The victim was a resident of Menjing village, and had contact with a dead chicken before.

**AVIAN INFLUENZA, HUMAN, 111TH CASE (EGYPT):** 12 August 2010, The Ministry of Health of Egypt has announced a new human case of A(H5N1) avian influenza infection. The patient is a 2 year old girl from Elsalam district, Cairo. She developed symptoms on Mon 2 Aug 2010, was hospitalized on the same day and received oseltamivir treatment. She is currently under treatment in hospital. Investigations into the source of infection indicated that the patient had exposure to sick and dead poultry. The case was confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network (GISN). Of the 111 laboratory confirmed cases of avian influenza A(H5N1) reported in Egypt, 35 have been fatal.



### **H1N1 INFLUENZA (Swine Flu):**

**INFLUENZA PANDEMIC (H1N1) WHO, PANDEMIC OVER:** 11 August 2010, The head of the World Health Organization (WHO) today [10 Aug 2010] declared the H1N1 influenza pandemic over, saying worldwide flu activity has returned to typical seasonal patterns and many people have immunity to the virus.

"The world is no longer in phase 6 of influenza pandemic alert," said WHO director-general Margaret Chan in a press briefing from Hong Kong. "We are now moving into the post-pandemic period. The H1N1 virus has largely run its course." But she cautioned that the virus has not gone away and bears continued watching, commenting, "We expect the H1N1 virus to take on the behavior of a seasonal influenza virus and continue to circulate for some years to come."

WHO's Emergency Committee met earlier today [10 Aug 2010] and recommended that the agency move to the post-pandemic phase, Chan said, adding that she fully supports the step. The declaration comes almost exactly 14 months after WHO moved to a full phase 6 pandemic alert on 11 Jun 2009, and about 1.5 months after US health officials called off their public health emergency declaration on 23 Jun 2010. Many had expected WHO to take the step months ago, but the Emergency Committee said in June 2010 and again in July that it was waiting for more information on the Southern Hemisphere's flu season.

Considerable H1N1 activity has been reported recently in India, New Zealand, and a few other places, with 942 new cases confirmed in India last week [week of 2 Aug 2010]. But the current global picture is one of fairly typical seasonal flu activity, Chan said. "Globally, the levels and patterns of H1N1 transmission now being seen differ significantly from what was observed during the pandemic," she said in a prepared statement. "Out-of-season outbreaks are no longer being reported in either the Northern or Southern Hemisphere. Influenza outbreaks, including those primarily caused by the H1N1 virus, show an intensity similar to that seen during seasonal epidemics.

"During the pandemic, the H1N1 virus crowded out other influenza viruses to become the dominant virus. This is no longer the case. Many countries are reporting a mix of influenza viruses, again as is typically seen during seasonal epidemics." Chan added that recent studies show that 20 per cent to 40 per cent of populations in some areas gained some immunity to the H1N1 virus through infection. Further, "Many countries report good vaccination coverage, especially in high-risk groups, and this coverage further increases community-wide immunity," she said.

The WHO move is not expected to have a big impact on public health measures in the United States, the Centers for Disease Control and Prevention (CDC) said today [10 Aug 2010]. In an emailed statement, CDC said the only impact of the WHO step is that CDC will stop sending weekly reports of flu activity to WHO and the Pan American Health Organization [PAHO], in accord with the International Health Regulations. "There are no changes for the United States in terms of CDC's recommendations for the upcoming influenza season, and the United States is already proceeding with the understanding that the 2009 H1N1 virus is now part of seasonal influenza circulation," the agency said. The trivalent flu vaccine for the upcoming flu season includes the pandemic H1N1 virus along with H3N2 and influenza B strains, the statement noted.

#### **Resources:**

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmv.maryland.gov/swineflu/>

### **NATIONAL DISEASE REPORTS:**

**EASTERN EQUINE ENCEPHALITIS (MICHIGAN):** 14 August 2010, The reported outbreak of eastern equine encephalitis is growing, reports the Kalamazoo Gazette. The disease, called EEE for short, is a virus spread by mosquitoes. While the disease has killed at least 67 horses -- the worst outbreak in 30 years -- there has only been one suspected case in a person. That case was a Kalamazoo county man, but a final determination of the cause still has not been reported by the Centers for Disease Control and Prevention (CDC) in Atlanta. Meanwhile, the disease continues spreading across south west Michigan. The Gazette reports the disease appears to be centered in Barry county; however, cases have been reported in Cass, St Joseph, Calhoun, and Kalamazoo counties. Veterinarians say there is a vaccine available for horses. And as a result of the reporting of the disease outbreak, those doctors say they have seen an increase in calls about the vaccine. Officials recommend that horses in the so-called red zone -- the area with the most suspected cases -- should re-vaccinate or vaccinate their horses immediately. There is no vaccine for people, so officials recommend people in the affected areas use insect repellent, long sleeve pants and shirts, and avoid being out at dusk and dawn when mosquitoes are most active. Most people infected with EEE will experience no symptoms. But CDC reports that some will develop "sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, or coma." The disease has a 33 per cent mortality rate, CDC reports. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, LIVESTOCK, WILDLIFE, HUMAN SUSPECTED (TEXAS):** 12 August 2010, On Fri 6 Aug 2010, the TVMDL [Texas Veterinary Medical Diagnostic Laboratories] at College Station confirmed anthrax in a white tail deer in from a ranch near Brackettville, Kinney County. On Mon 9 Aug 2010 I spoke with the veterinarian who had submitted the spleen from a dead deer brought in by one of his clients. The ranch is nearby with 2000 acres [809 ha] and an 8 ft [2.5 m] fence. The animal was freshly

dead. How many others were affected is unclear but it would not have been singular as such pens are routinely overstocked. The veterinarian said that he had seen typically affected dead deer on another ranch, also 2000 acres and high fenced but with exotic deer, which is on the road between Bracketville and his home, clearly not too far out of town. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**E. COLI O157, GROUND BEEF, ALERT, RECALL (USA):** 09 August 2010, Valley Meat Company of Modesto, California, is recalling about a million pounds [about 455 tonnes] of frozen ground beef patties and bulk ground beef products that may be contaminated with *Escherichia coli* O157:H7, the United States Department of Agriculture's Food Safety and Inspection Service (FSIS) has announced. FSIS became aware of the problem on 15 Jul 2010 when the agency was notified by the California Department of Public Health (CDPH) of a small cluster of *E. coli* O157:H7 illnesses with a rare strain as determined by PFGE [pulsed field gel electrophoresis] subtyping. A total of 6 patients with illness onset dates between 8 Apr and 18 Jun 2010 were reported at that time. After further review, CDPH added another patient from February 2010 to the case count, bringing the count to 7. FSIS is continuing to work with the CDPH and the company on the investigation. Anyone with signs or symptoms of foodborne illness should contact a health care provider. The products subject to recall bear the establishment number "EST. 8268" inside the USDA mark of inspection as well as a production code of 27509 through 01210. These products were produced between the dates of 2 Oct 2009 through 12 Jan 2010 and were distributed to retail outlets and institutional foodservice providers in California, Texas, Oregon, Arizona, and internationally. When available, the retail distribution list(s) will be posted on FSIS' website at [http://www.fsis.usda.gov/FSIS\\_Recalls/Open\\_Federal\\_Cases/index.asp](http://www.fsis.usda.gov/FSIS_Recalls/Open_Federal_Cases/index.asp). FSIS and the establishment are concerned that some product may still be frozen and in consumers' freezers. FSIS strongly encourages consumers to check their freezers and immediately discard any product that is the subject of this recall. FSIS routinely conducts recall effectiveness checks to verify that firms notify their customers (including restaurants) of a recall and that steps are taken to make certain that a suspect product is no longer available to consumers. FSIS advises all consumers to safely prepare their raw meat products, including fresh and frozen, and only consume ground beef that has been cooked to a temperature of 160 deg F [71 deg C]. The only way to confirm that ground beef is cooked to a temperature high enough to kill harmful bacteria is to use a food thermometer that measures internal temperature. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS:**

**PLAGUE (PERU):** 14 August 2010, The death of a 29 year old woman from pneumonic plague has brought the number of plague victims in Peru to 3 in 2 months, the health ministry said. The woman, who had been seriously ill for 36 days before succumbing to the plague in the coastal province of Ascope, some 325 miles (520 kilometres) north west of Lima, died in hospital on Thursday [12 Aug 2010]. Since late June 2010 another 2 deaths were from bubonic plague, officials said; and 31 more people have been infected. Health minister Oscar Ugarte blamed the situation on the expansion of farming in the region that has prompted rodent infestations in nearby towns. The last outbreak of bubonic plague in northern Peru was in 1994, which killed 35 people and infected more than 1100 other (Plague is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**JAPANESE ENCEPHALITIS (INDIA):** 11 August 2010, Japanese encephalitis [JE] has claimed the lives of 2 children [in Gorakhpur], taking the toll in the viral infection in the district to 149 this year [2010], a health official said today [11 Aug 2010]. Over 100 people suffering from acute encephalitis syndrome are being treated at various hospitals in Gorakhpur division [Uttar Pradesh (UP)], additional director, Health, UK Srivastava said. These include patients from Bihar [state] and Nepal also, he said. 29 districts of eastern UP, some parts of Bihar and neighbouring Nepal have been hit hard by the virus. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CRIMEAN-CONGO HEMORRHAGIC FEVER (NAMIBIA):** 10 August 2010, Although not back on his cattle and sheep farm yet, a Namibian Congo fever [Crimean-Congo hemorrhagic a fever] patient has been discharged from hospital. He was discharged from the Bloemfontein Medi-Clinic on Friday [30 Jul 2010]. According to his wife they decided that he should stay behind in South Africa for the rest of the week to recuperate. This, she said, was also because she was still recovering from the flu, and "should there be a problem", he would be close to the doctors who had taken care of him the last 2 weeks. His wife returned to their farm, on Saturday [31 Jul 2010]. Their 2 children had stayed on the farm for the past fortnight, monitoring their own health to make sure that they had not contracted the deadly fever. Last week [week ending 1 Aug 2010], the farmer's wife was also admitted to hospital after her temperature rose to over 38 deg C [100.4 deg F]. It was feared that she also had the deadly disease. She was discharged a day later, when laboratory results showed she did not have Crimean-Congo hemorrhagic fever. Earlier, Dr Jack Vries of the Ministry of Health and Social Services urged Namibians to remain calm but vigilant. He said it was the first outbreak of the disease, which closely resembles Rift Valley fever (RVF), in the country for the past 8 years. Crimean-Congo hemorrhagic fever, mainly spread by tick bites, is a notifiable disease. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (INDIA):** 09 August 2010, [Bijapur] district minister Murugesh Nirani has instructed health department staff to be aware of the epidemic diseases affecting people of late and take suitable measures to curb them. 67 suspected and 65 confirmed cases of chikungunya have been detected in the district. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case



#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmd.state.md.us/>

Maryland's Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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